

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY	CONTACT PERSON	TELEPHONE NUMBER
Public Employees' Retirement System	Denise Mounger	601-359-2281

ADDRESS	CITY	STATE	ZIP
429 Mississippi Street	Jackson	MS	39201

EMAIL	SUBMIT Date	Name or number of rule(s):
<u>dmounger@pers.ms.gov</u>	<u>6/30/10</u>	<u>Regulation 45A</u>

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

The proposed amendments to Regulation 45A provide or clarify the following:

- Clarify the different vesting periods required to be eligible for regular (non-duty related) disability benefits;
- Provide for an extension of the 90 day period for providing additional medical information;
- Clarify how long a member must submit federal income tax information;
- Clarify a disability retiree's status for reemployment purposes after the member reaches age 60 or the end of the temporary allowance period;
- Clarify an eligible former disability recipient's ability to apply for service retirement benefits and his or her ability to select a new option upon service retirement;
- Clarify the applicant's responsibility to provide objective medical evidence upon which a determination of disability must be based; and
- Clarify the term "objective medical evidence."

Specific legal authority authorizing the promulgation of rule: MCA§ 25-11-15(6)

List all rules repealed, amended, or suspended by the proposed rule: Regulation 45A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

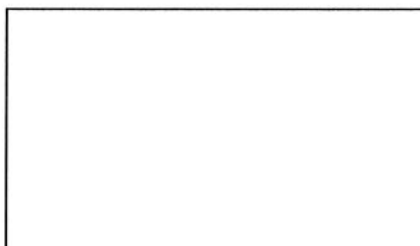
TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	Action proposed:	Action taken:
_____ Renewal of effectiveness	_____ New rule(s)	<input checked="" type="checkbox"/> Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately on	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	Proposed date of adoption:	_____ Repeal adopted as proposed
	_____ 30 days after filing	Effective date:
	_____ Other (specify): _____	_____ 30 days after filing
		<input checked="" type="checkbox"/> Other (specify): <u>August 1, 2010</u>

Printed name and Title of person authorized to file rules: Denise Mounger, Deputy Director

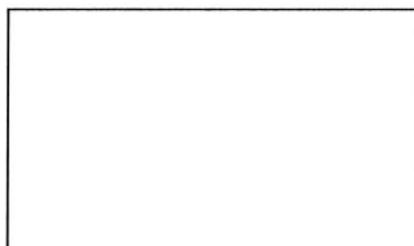
Signature of person authorized to file rules: Denise Mounger

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

First Filing on 5/11/2010